PHILADELPHIA MEDICAL TIMES.

SATURDAY, MAY 31, 1873.

## ORIGINAL COMMUNICATIONS.

### TWO CASES OF PURPURA RHEUMATICA.

BY LOUIS A. DUHRING, M.D.,

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INASMUCH as the following cases are interesting examples of the process or disease known as purpura rheumatica, and at the same time offer certain peculiarities which are of value in a diagnostic point of view, I take the opportunity of presenting them. The cases are quite similar, and, as so often happens with rare or odd forms of disease, they both came under my notice at the same time, about six months ago. Purpura rheumatica, or peliosis rheumatica, as it was originally called, one of the three varieties of purpura, is a disease of uncommon occurrence, and possesses a curious array of symptoms, all of which are usually found accompanying the disorder. At times, however, it happens that some of these signs are but imperfectly exhibited, and that the cutaneous manifestation of the disease offers odd and varied appearances. Moreover, the diagnosis of the affection, though sufficiently easy when the case is typical, may at times be difficult; especially so when the eruption is only partially developed and the true nature of the anatomical lesion almost imperceptible. Such was the condition in both of the instances about to be detailed at the time when I first saw them.

The first case is that of Anna K., a young American girl, single, twenty-two years of age, and a domestic by occupation. She came under my notice in September, 1872. Her health had been excellent until three months previous, when she began to get thin and pale, frequently complaining of weariness on slight exertion, with pain in the back, constipation, and loss of appetite. These symptoms continued to about the same extent for two months, when they suddenly became aggravated. Headache, together with a sense of unusual heaviness of the head, was now almost constant. For a week preceding the eruption she experienced severe pains in the arms, extending from the elbows to the finger-ends. The legs as far down as the ankles were also affected in the same manner, but the body was not involved. The pain was of a dull, aching character, which came upon her at dark and continued through the night. The fingers now became swollen, stiff, and painful, while the general symptoms of distress were very great. At about this time the eruption made its appearance suddenly, while she was attempting some manual labor. It first showed itself over the arms and backs of the hands, in the form of small, reddish spots, many of which were raised above the level of the skin. The elevation referred to lasted through the day, but by the next morning had greatly subsided. Two days after this the eruption appeared upon the legs and backs of the feet, and a few days later upon the trunk. With the first sign of the breaking out the pains, which had been so severe, left her almost entirely. On September 17, the occasion of my first visit to the patient, I found her very pale in color, without appetite, bowels very much constipated, flatulent, weak, very low-spirited and despondent. She had a constant craving for long-continued sleep, and could scarcely resist the temptation of sleeping through the entire day. After the appearance of the eruption the skin of the arms and legs became very sensitive, the slightest knock or bruise causing great pain. With the outbreak of the skin manifestation her catamenia came upon her, out of regular time, and flowed almost uninterruptedly, with great loss of blood, for two weeks. Upon examining the skin I found numerous faint, reddish spots well scattered over the arms, legs, thighs, and abdomen. I make use of the indefinite word spot because at first sight it was difficult to determine what the elementary lesion actually was. Some were slightly raised in the form of papules, but the greater number were upon a level with or beneath the surrounding skin. They were roundish or irregular in outline, and varied in size from a pin's head to a pea. Many of them possessed no marked line of contour, but appeared to fade away imperceptibly into the healthy skin. Again, in other places the eruption seemed to be strictly macular, with no visible sign of hemorrhage into the tissue. In general appearance it bore a great resemblance to a fading syphilitic erythema. Close inspection, however, revealed the anatomical lesion to be a cutaneous hemorrhage, though very slight and superficial in character. It must not be forgotten in considering these unusual signs of purpura that the eruption was not in its first stage, but had existed some ten days. Rest, good food, and a preparation of iron and cinchona were directed for the patient. A week later found her condition decidedly better; the catamenia had ceased, the skin was no longer sensitive, the pain had disappeared, and there was no appearance of new hemorrhage visible. This improvement continued for a month, when one day, after the violent exercise of washing clothes, an eruption of small, red, elevated spots appeared over the arms, attended with marked swelling, heat, and itching. This remained visible for a day or two only, and disappeared without trace. The following week, while washing, this same trouble again manifested itself. She at once visited me, for the purpose of allowing me to see the eruption in its acute stage. It proved to be a well-marked multiform congestive erythema, which lasted but a day or two. There was no hemorrhage. After this the patient had no further trouble, but continued to improve rapidly. I may mention that I have quite recently seen her, and that she considers herself as entirely recovered. A mottled staining of the skin is still visible about the limbs, the only trace of the former affection.

During the latter part of last summer I was requested to see Mrs. A., a married lady, about thirty-five years of age. She was the mother of four children, the youngest of which, twenty months old, she was still nursing. She informed me that

she had been in poor health for some months, but that within the last few weeks she had been without appetite, and that her strength had failed her. She said that she had also experienced dragging pains throughout her body and limbs, and that an extensive eruption had made its appearance over her body. This eruption had come out very rapidly, and had occupied the entire body in the course of two or three days. It first made its appearance in the form of small, round elevations, which had a resemblance to nettle-rash. Since the breaking out the whole skin had been very sensitive and sore, the slightest knock giving great pain.

Upon examining the lady, I found her exceedingly prostrated, scarcely able to walk about the room. She was very low-spirited, nervous, and singularly despondent, making the assertion to me that she knew she would never recover. Her complexion was pale, and the skin generally was loose and flabby, and very painful if touched or handled. A copious eruption existed over the limbs and body, which consisted of small, pin-head to pea-sized, roundish spots, situated apparently in the corium. Most of them were ill defined, with little or no line of demarcation about them. Some were raised in the form of papules, while others less distinct were beneath the level of the skin. Some of them were also macular, and appeared quite superficial. The color varied very greatly, according to the locality and the duration of existence. Some were pinkish, while others had a faint, dirty-reddish hue. The eruption existed generally over the whole skin, though it was more pronounced about the back and abdomen. There was no tendency to grouping, nor was there any itching present. Careful examination determined the eruption to be due to minute hemorrhages into the skin. But this diagnosis was by no means easily arrived at, for the lesion bore a close resemblance to the skin manifestation of early syphilis. It looked exceedingly like the stage of dermato-syphilis which is so commonly seen, where the macular and papular forms seem to join each other imperceptibly. The hemorrhagic nature of the disease was only recognizable after the closest scrutiny. The eruption resembled syphilis much more than it did purpura as we usually see it; and it is this similarity to the former trouble which makes the present case so interesting in a diagnostic point of view. The history in most cases of purpura rheumatica, together with the usually marked hemorrhage into the skin, leaves no room for doubt as to diagnosis; yet, when no authentic history can be obtained, or where we rely upon the objective symptoms for diagnosis, an irregular form of eruption such as occurred in the present case may readily lead one astray.

With reference to the treatment of the patient, I would say that the child which she was nursing was directed to be weaned at once. Good diet, beef-soup, ale, and a preparation of iron and phosphoric acid with bark were ordered, and the assurance given to the patient that she would undoubtedly recover her former good health. Unfortunately, I was not able to see this case again, nor could I obtain exact notes of the subsequent changes in her condition; but I have recently heard that the skin-trouble left very slowly, and that improvement in her general health progressed likewise at a tedious pace. However, to what extent my directions were followed, or whether they were instituted at all, I am unable to state, my impression being that no regular course of treatment was insisted upon either at that time or since.

## NOTES OF HOSPITAL PRACTICE.

### WILLS OPHTHALMIC HOSPITAL.

*SERVICE OF GEORGE C. HARLAN, M.D.*

Reported by W. H. WINSLOW, M.D.

*TRAUMATIC OPHTHALMIA.*

J. P., a farm-hand, æt. 28 years, was picking frozen earth, when a piece struck him in the left eye and produced contusions, resulting in a sloughing ulcer. He presented himself for treatment one week after the occurrence of the injury. There was much pain, the conjunctival and deeper vessels were injected, and an onyx formed at the lower margin of the cornea. He was admitted to the hospital, blood taken from the temple by the artificial leech, a solution of sulphate of atropia instilled often, and a borax and camphor wash applied several times during the day. In a week the ulcer had nearly filled up, and the general symptoms were much improved, though some conjunctival redness remained. The treatment was continued, with the addition of a gr. iv solution of nitrate of silver applied to the inner surface of the lids twice daily. The patient went rapidly on to recovery, and was discharged cured on the twentieth day.

*CORNEO-SCLEROTIC TUMOR.*

C. H., a man æt. 60 years, was at the hospital one year ago with a white warty growth upon the conjunctiva, overlying the corneo-sclerotic border of the left eye; it was removed by scissors and caustic. He returned with a recurrence of a similar irregular, yellowish-white structure, resembling myxoma, in the same situation as before; extending along the corneal rim upon the outer side about three-eighths of an inch downwards, two lines in width, and raised above the surface of the conjunctiva about a line.

It was thoroughly removed with scissors, the edges and surface touched with a point of nitrate of silver, which was neutralized by a solution of common salt before the lids were allowed to close, and a borax and camphor wash ordered to be applied frequently.

The caustic was applied twice subsequently, and the patient was well at the end of one week, and discharged.

*IRITIS.*

F. M., a man æt. 29 years, a conductor by occupation, confessed to having had chancre last January, followed by specific eruption and sore throat, from which he recovered under regular treatment.

Three weeks before his appearance at the clinic, he suffered from congestion and pain in the right eye, which remitted somewhat after a few days, without treatment. He complained of tinnitus aurium, and had pharyngeal catarrh with granular condition of the mucous membrane. There was tenderness along the tibial spines, and pain with nocturnal exacerbations. Both eyes were found injected, with episcleral zones well marked, and in the right much photophobia and orbital pain. Vision in the left was normal, but in the

right it was only $\frac{20}{LX}$ of Snellen. The pupils were sluggish, and instillation of atropia showed an annular synechia, unyielding in the right, but the left gradually and irregularly dilated, there being only a few points of attachment.

He was ordered pot. iod., gr. x, three times a day, mercurial inunction at night, and atropia wash. The iritic attachments yielded rapidly in the left eye, but the annular synechia remained in the right until the system came well under the mercurial influence, when the repeated instillation of atropia, gr. viii to ℥j of water, in two hours tore away the attachments, leaving small particles of uvea upon the anterior capsule, and the pupil widely dilated.

The mercury was suspended, and the iodide continued with the atropia wash; he made a rapid recovery, and was discharged the twenty-first day, with vision normal and eyes perfect.

T. P. F., a healthy-looking man, æt. 28 years, a laborer in a foundry; complained of pain and a watery condition of the right eye.

He said he had never had syphilis or rheumatism, but had had gonorrhœa several months previously to his appearance for treatment. The left eye was normal; the right was injected and irritable, with much orbital pain, and he had slight constitutional fever. The pupil was sluggish, and there were several attachments to the anterior capsule. Vision equalled $\frac{20}{LXXX}$ Snellen. A solution of atropia, gr. iv to f℥j of water, was ordered to be instilled three times a day, the eye to be bathed frequently with a borax and camphor wash; f℥jss of blood to be taken from the temple immediately by leeches, and pot. iod., gr. x, with hydrarg. corros. chl., gr. $\frac{1}{12}$, to be taken three times a day.

He was somewhat better the third day, and the pupil was well dilated; but leeching was ordered again, and the atropia and alterative treatment continued.

He improved rapidly until the seventeenth day, when, after exposure to wind and cold, he returned with renewed pain, increased episcleral zone, cloudiness of the aqueous humor, and dulness of the cornea.

He was given gr. $\frac{1}{4}$ morph. sulph., and f℥ss ol. terebinth., three times daily, and the alteratives were discontinued. As this produced strangury, the morphia was omitted, and gtt. x tr. opii were taken with each dose. Four days after this his eye had much improved, vision had risen to $\frac{20}{XL}$ Snellen, and he seemed to be getting along finely. The turpentine and laudanum were discontinued, and alterative treatment again directed. One week afterwards there were few symptoms of importance remaining; but upon testing his vision it was found only $\frac{20}{LX}$ Snellen. Ophthalmoscopic examination revealed a cloudiness of the vitreous with movable shreds of lymph, and the deeper structures could not be well discerned.

J. S., an intemperate man, æt. 45 years, a tavern-keeper, had syphilis fourteen years ago, but he denied having had any appearance of it since. His wife and children enjoyed good health.

Upon examination, superficial keratitis was found in the right eye, with iritis and an annular synechia. Vision in the left eye was normal, but in the right was only $\frac{2}{C}$ Snellen. He was ordered gr. iv pil. hydrarg. twice a day, a wash of gr. ii atrop. sulph. to ℥j aquæ destil., and ℥j of blood to be taken from the right temple by leeches. In two days the iritic adhesions had all yielded, except one at the lower and inner side, the remainder of the pupil being widely dilated.

The fourth day he was well under the mercurial influence, the pupil was regularly dilated, and the inflammation and pain were much diminished. The blue pill was now stopped, and pot. iod., gr. v, with hydrarg. chlor. corr., gr. $\frac{1}{16}$, ordered to be taken three times daily, and the atropia wash continued.

In two weeks vision was normal, and he had entirely recovered.

*RETINITIS.*

T. N., æt. 51 years, a machinist by occupation, but formerly a soldier of the French army in a detachment stationed at Algiers. First wore glasses at the age of twenty-seven years. His health was and had generally been good, and he denied positively having ever had venereal disease, but occasionally suffered from slight rheumatic pains. He applied for relief on account of a dimness of sight, which he noticed first about four months previously, and which had increased steadily. The eyes externally appeared healthy. Vision in each eye was $\frac{14}{C}$ Snellen; Hypermetropia = $\frac{1}{4}$.

Ophthalmoscopic examination of the right eye showed media clear, and little grayish spots, the size of a millet-seed, scattered in the fundus at the outer side of the disk and around the macula; there were white streaks along some of the larger vessels, the retinal circulation was excessive, and the disk doubtful. In the left pretty much the same condition prevailed, but the spots were rather more abundant, and there was a slight bluish haze about the edge of the papilla. These spots were irregular in shape, like little pearly grains in the retina, somewhat resembling those found in Bright's disease; but repeated examinations failed to detect any albumen in the urine.

He was ordered gr. $\frac{1}{24}$ hydrarg. chlor. corr., and gr. v iodide of potassium, three times daily, and kept under observation. The chloride was discontinued after a few weeks, and the iodide given alone. In three months vision had risen to $\frac{20}{XL}$ Snellen in the right eye, and to $\frac{20}{40}$ in the left. As he suffered from constipation, he was ordered a pill of aloes, colocynth, and belladonna, to be taken every night. At the end of the fourth month most of the spots in the fundi had disappeared, vision had risen to $\frac{20}{XXX}$, and, as improvement seemed to have stopped, he was ordered spectacles of $+\frac{1}{4}$ to neutralize his hypermetropia, and dismissed with instruction to return occasionally for examination.

E. R. T., a woman in robust health, æt. 19 years, came to the clinic February 1, complaining of a dimness of sight, which had come on suddenly one evening, and the next day she had found herself unable to read ordinary print. She had an offensive nasal catarrh, and her hair had fallen out slightly some months before; but no other symptom of a syphilitic taint could be discovered.

She stated that she had pursued her occupation of machine-sewing, without serious difficulty, until a few days before the sudden failure of vision. Externally the eyes were healthy. Ophthalmoscopic examination of the left eye showed a high degree of myopic astigmatism, and an extensive staphyloma posticum, but a fundus otherwise normal. A $-\frac{1}{3}$ spherical combined with a $-1\frac{1}{2}$ cylindrical at 30° gave a vision of $\frac{20}{XL}$ Snellen in this eye; but without the glass there was no useful vision, and she had evidently depended entirely upon the other eye.

In the right eye there was a peculiar irregular grayish-white cloud-like patch, extending downwards and outwards from the disk, about three disk-diameters in width and six in length; several interrupted retinal vessels passed over it, and there were numerous hemorrhagic extravasations upon its surface. Vision in this eye was $\frac{20}{LXXX}$ Snellen with a $-\frac{1}{10}$ glass. The bowels were constipated, and she was ordered a purgative, sent to bed, blood taken from the temple by the arti-

ficial leech, and hydr. chlor. corr. and iodide of potassium given in alterative doses.

February 3.—A slight decrease of the patch was noticed at its lower edge, which had become ill defined, the healthy fundus, as it were, encroaching upon it. The leeching was repeated and alteratives continued.

February 5.—The fundus was rapidly assuming its normal characteristics at the lower part of the patch, giving the upper edge, by contrast, the appearance of a silvered cloud. Leeching was repeated, and other treatment continued, with the addition of a Seidlitz powder every morning to relieve constipation.

February 24.—There was nothing left of the exudation except a narrow cloudy streak, corresponding to what had been its upper margin, extending outwards and downwards from the disk, which might almost have escaped notice if its locality had not been previously determined. She stated that "her sight was as good as it ever had been," and it was found that she could read $\frac{20}{XXX}$ Snellen with some difficulty.

March 14.—Very little change had occurred, either in ophthalmoscopic appearances or vision. She was directed to take iodide of potassium, gr. x, three times daily, and discharged at her own request.

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THE PROGRESS OF SYPHILIS DURING PREGNANCY (by Prof. Sigismund, of Vienna: *Le Mouvement Médical*, April 26, 1873; from *Wiener Mediz. Presse*, 1873).—In this clinical lecture the author confines his remarks to syphilis contracted by the genital parts either during or just before pregnancy.

The liability to contract syphilis is greater among women who are pregnant than among those who are not, and for the following reason: The inoculation of the virus is singularly favored by a kind of catarrhal condition of the mucous membrane lining the genital parts, by the presence of a blennorrhea, and by the presence of erosions of the labia and of the vaginal portion of the cervix. These erosions of the neck are due to a true maceration in the alkaline cervical mucus. The duration of the period of incubation of syphilis is the same during pregnancy as in the normal condition. The onset of syphilis is not often recognized by pregnant women, the primary manifestations being ascribed by them to the pregnancy itself; midwives frequently make the same mistake.

The primary manifestations of syphilis always develop in the same locality whether the woman is pregnant or not, but they are in the former case more obstinate, more rapid in their progress, and have a greater tendency to spread.

Relapses occur frequently. Diffuse redness of the skin, superficial excoriations, disseminated or agglomerated follicular abscesses, herpes, eczema, œdema of the genital parts or of the anal region, are of frequent occurrence during pregnancy. To these different lesions must be attributed not only the easy inoculation of the syphilitic virus, but also its markedly rapid extension in pregnant women. In addition to the preceding causes, the maceration of the skin by the contact of various irritating fluids—perspiration, sebaceous matter, urine, mucus, and muco-pus—explains how the neighboring lymphatic ganglia may become rapidly infected. Syphilitic indurations or papules involving either the vaginal portion of the cervix or the fourchette may prove very dangerous at the time of the labor. In fact, the tissues swollen or infiltrated by syphilitic exudations lose their elasticity, become inextensible, and tear easily during the passage of the fœtus. The resulting wounds have a tendency to slough, and may bring about an inflammation of the neighboring chain of lymphatics, or may even give rise to pyæmia. This is especially true of wounds of the vaginal portion of the cervix uteri.

The secondary syphilitic manifestations are, on the contrary, of a relatively benign nature. They are feebly pronounced on the skin and mucous membranes; falling of the hair, visceral affections, and "syphilitic fever" are seldom observed during pregnancy. The same is true of disease of the nervous system (syphilitic pains, convulsions, etc.), and, in general, of all the grave forms of secondary syphilis. The author explains this fact by the changes going on in the economy of the pregnant woman; the blood becomes less rich, the activity of the different functions becomes greater; the secretions, and especially that of the mammary glands, are increased. If this last explanation be accepted, it is important in the treatment of syphilitic patients that the specific remedies should be given with powerful tonics, and that great care should be bestowed upon the diet.

DISEASE OF THE SUBCUTANEOUS MUCOUS SACS IN CHILDREN (Albert: quoted from *Journal für Kinderkrankheiten*, 1872, Hefte i.–ii.)—Disease of the subcutaneous mucous sacs is of rare occurrence in children. The author saw two cases in one year, closely resembling each other, both in girls from five to seven years old. Both of the children possessed that peculiar flaccidity in the joint of the ankle which permits abnormal dorsal flexion and pronation, and which may develop into pes valgus.

Although the inner edge of the foot was curved, and the back of it well shaped, yet both children walked with marked tendency to pronation. In each there was a perfect, round, well-distended sac extending from the os naviculare to the inner condyle. The treatment in one case consisted in the application of a plaster-of-Paris bandage, in the position of supination, with a fenestra which permitted the application of topical dressings and pressure. In a few weeks the fluid was absorbed, and a shoe constructed for a case of pes valgus was put on. The same shoe was placed on the other child, but, as it was delicate and scrofulous, the shoe could not be endured, and inflammation of the hygromatous sac set in. Rest in bed, cold applications, and pressure composed the treatment. Suppuration occurred, and an incision was necessary. A flocculent, sero-purulent discharge took place. The case did not show symptoms of rapid improvement.

SUBJECTIVE IMPRESSIONS OF COLOR PRODUCED BY OBJECTIVE IMPRESSIONS OF SOUND (*Wiener Med. Wochenschr.*, 1873, Nos. 1, 2, 3; quoted from *Monatsschr. für Ohrenheilkunde*, March, 1873).—This is an article by J. A. Nussbaumer, which sets forth a peculiarity which he possesses in common with his brother, of perceiving colors subjectively by listening to certain sounds, mostly on the piano. These two gentlemen have been examined by Professor Brühl, of Vienna, who is convinced of the truth of their statements, and, after a careful analysis of the cases, has found that the same sound always produces the same subjective color in the same person, but these colors are not the same in each of the brothers, although the test-sounds are invariable. Thus, the note "small a" on the piano produces in one the subjective impression of dark Prussian blue, in the other dark yellow. There are also colors which are never produced by any sound. Blue and yellow, brown and violet, occur most frequently in one, while blue, yellow, and brown occur most frequently in the other; violet the least frequently.

One of the brothers never perceives red, green, black, nor white, in any musical notes. The author perceived on one occasion green by suddenly hearing a noise from the sharpening of a saw.

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SATURDAY, MAY 31, 1873.

## EDITORIAL.

### WHAT HAS BEEN ACCOMPLISHED?

THE annual meeting of the American Medical Association being over, and the report of its proceedings made public, the question may be pertinently asked, What did it accomplish? Our conviction is that upon a comparison of the expenditure and the result, the latter must be admitted to be lamentably small.

We may assume that there was an attendance equivalent to that of four hundred physicians for three days; which would be twelve hundred professional days devoted to the meeting, not counting the time spent by many of the delegates in travelling from their homes to St. Louis and back again. Let us now see whether any object or objects were attained, to the accomplishment of which any one physician would be willing to give up three and one-third years of his time. It seems to us that this is a fair way to put the case.

Of business relating to the affairs of the Association itself, the main item was the establishment of the Judicial Council. That this is a step in advance, will probably be conceded by every one; but we submit that it is but a very short step, since it only provides for the entertainment of ethical and judicial questions, and does not touch the great difficulty, —the non-representative character of the membership of the Association. Of some other matters —the reports of the Committee on Ethics, the report on American medical literature, and that on medical education—we have as yet only meagre accounts, but those contain no salient points offering evidence of interesting material in them.

The Army Medical Corps made an appeal for the memorialization of Congress in their behalf, which seems to have been favorably received, but no action is recorded beyond placing the matter in the hands of a committee.

In regard to the nomenclature of diseases, a subject of great importance to the profession at large, no advance seems to have been made. Much committee-work has been done, and, we believe, done well; but the Association needs to be more "in hand" to make it available by their general action.

One or two propositions were made looking to the establishment of a National Sanitary Bureau; a step which we think in such a country as this would be a great mistake. Far better would it be to leave these matters to the care of the medical men in the various States and regions, to be subjects of study and of competition on the part of those whose interests and opportunities would give them at once the stimulus and the capacity to deal with them.

Assuredly it seems as if this would be but a meagre showing, were it all that one man of average ability could produce in three years of labor. Let us not ignore the social advantage of the friendly meeting of men from different cities and States, or the benefits that individuals may have derived from such contact with their fellows. What we urge, and what we hope to see recognized at some future day, is that the business of the Association must be more positive and practical, more business-like, and transacted by, we repeat, and we may have to repeat many times, a body more truly representing the great mass of active practitioners throughout the United States; not by a mere congress of those whose leisure and inclination happened to make it convenient for them to attend the meeting.

## CORRESPONDENCE.

HARVARD UNIVERSITY MEDICAL SCHOOL,
BOSTON, MASSACHUSETTS, May 14, 1873.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR:—My attention has been called to an editorial in the *Philadelphia Medical Times* of March 22, 1873, in which the following passages occur:

"The managers of the Medical Department of Harvard University are trying, *we should like to believe with satisfactory prospects*, a system of teaching radically different from that of any other school, at least in this country. . . . And yet there is one most important element,—the financial,—which threatens to fatally affect

the success of the Harvard School." Then Prof. Stillé is quoted as saying, "One Institution, to its honor let it be spoken, has re-formed its whole plan of teaching upon the model which reason and experience agree in approving as the best. *Much as I desire in this instance to be a false prophet, I have little fear of meeting with the fate of one, when I declare with unfeigned sorrow my conviction that the Medical Department of Harvard University, which has so heroically undertaken so difficult a task without providing endowments for its professors' chairs, must of necessity fail to secure the success which its liberal policy deserves.*"

Both these writers warmly approve the new system of the Harvard Medical School, and both prophesy while they lament its failure. The last annual report of President Eliot furnished materials for a more hopeful view, which might have mitigated Professor Stillé's sorrow. On referring to Dr. Stillé's published address, a foot-note showed that the report mentioned had been consulted by him, but that the facts therein stated had been overlooked or misinterpreted.

A statement which had proved most encouraging to those immediately concerned had actually been used to strengthen the gloomy foreboding excited by the action of the Harvard Medical School.

We are informed that "Immediately on the adoption of the new system of instruction the number of medical students fell from 301 in 1870–71 to 203 in 1871–2. The Catalogue of the Medical Department from 1872 to 1873 gives the names of 170 students. Under the new system, therefore, the classes have thus far progressively diminished. The receipts have fallen off in the same proportion, and the professors have nearly twice as much work to do, with a remuneration only half as great as they formerly received.

"The result of this arrangement must necessarily be to compel men of real eminence to withdraw from professorships which are so meanly salaried, and to substitute for them young and immature teachers, who will regard their position in the medical college as a passport to reputation and practice, and who are willing to purchase the result by a few years of unrecompensed labor. By this plan the traditions of university education are set at naught, its dignity compromised, and its authority impaired. If any profession requires in its teachers the weight of character which maturity of intellect and ripe experience give, it is certainly the medical; but a plan which virtually excludes such qualifications by refusing to compensate them is too much in opposition to human nature and experience to succeed."

Now, let us look at the facts upon which these statements are based. President Eliot says:

"It having been granted on all hands that these changes were excellent and desirable in themselves, the only ground on which they could be opposed was that they were not feasible, in view of the fact that the entire endowment of the Medical School is only $40,000. The comparison, therefore, of the current receipts and expenses of the years 1870–71 under the old system with those of the year 1871–72 under the new system is of particular interest:

1870–71.

RECEIPTS.

| | |
|---|---|
| Total receipts from students | $27,717 67 |
| Interest on funds (Hersey, Jackson, Shattuck) | 2,779 00 |
| | $30,496 67 |

PAYMENTS.

| | |
|---|---|
| For instruction (salaries) | $19,476 82 |
| For janitor and general expenses | 10,039 31 |
| | $29,516 13 |

1871–72.

RECEIPTS.

| | |
|---|---|
| Total receipts from students | $24,104 59 |
| Interest from funds (Hersey, Jackson, Shattuck) | 3,404 62 |
| | $27,509 21 |

PAYMENTS.

| | |
|---|---|
| For instruction (salaries) | $20,019 56 |
| For janitor and general expenses | 8,877 44 |
| | $28,897 00 |

The number of students in 1870–71 was 301, while in 1871–72 it was only 203. Yet the receipts from students were only $3600 less in 1871–72 than in 1870–71. Many of the students present in 1871–72 were under the old system, and a considerable portion of these were entitled to gratuitous instruction, under the former rule that students paid nothing for the third year of attendance. The fact is that 150 students present during the year under the new plan would give a considerably larger revenue to the school than 300 did under the old. The corporation *paid rather more* for salaries in 1871–72 than was used for that purpose in 1870–71; but the sum appropriated for salaries was differently distributed. Excluding all items from both sides of the account which were not items of current receipt or expenditure, the deficit for the year 1871–72 was $1387 79.

The corporation had expected a much larger diminution of receipts from students in the first year of the new system, and were more than satisfied with the actual money result.

Let us now compare the deductions of Prof. Stillé with the facts presented in this clear exposition of the condition of the school. The following distinct points are made by the Professor:

1. Under the new system the classes have thus far progressively diminished.

2. The receipts have fallen off in the same proportion.

3. The Professors have nearly twice as much work to do.

4. The remuneration is only one-half as great as that which they formerly received.

5. The necessary withdrawal of these underpaid Professors, and a great variety of consequent evils.

We will now consider these points seriatim.

In regard to the diminution of the number of students, we must admit the fact, but this has been much less than was anticipated. But this diminution has no bearing whatever upon the main question, which is whether the number of students who join the school under the new plan is increasing or diminishing. The following facts show a constant increase. The first

students under the new plan were drawn from the ranks of those who entered under the old. These voluntarily subjected themselves in June, 1871, to the written examinations, as evidence of their appreciation of the change. At the opening of the school in the fall of 1871 a much larger number of new students presented themselves, and in September, 1872, there was still a very marked increase above the number of the preceding year. These statements relate to the first terms of the two years corresponding in time with the old courses of lectures. A still more satisfactory result is seen when we compare the attendance during the second terms, this being the real test of the willingness of students to accept an annual course, which is one of the distinguishing features of this school.

The number of students in the second term of 1872 was ninety-six, of whom twenty-one received gratuitous instruction, in accordance with an old custom to the benefits of which they were entitled. In the second term of 1873 the number rose to one hundred and thirteen, of whom only six were free, and these were sons or assistants of professors. The number not only exceeded that of the corresponding period of the preceding year, but was much larger than that of any class in the summer under the old plan, although then some students joined for a single month, and now all must take the entire term.

The *second* point was that the receipts had fallen off in the same proportion as the students. The latter, according to the figures, had diminished from 301 to 203, or 33 per cent. Mr. Eliot's figures show that the receipts had fallen off 15 per cent. This term *the receipts have exceeded those of the corresponding term of last year.*

The *third* assertion, that the Professors have nearly twice as much work to do, we are glad to say is true in some important departments, to which sufficient time had not been given by the old system. The quantity of teaching has been largely increased; but this increase has been effected mainly by adding to the number of teachers. The Professors whose work has been increased have gladly given the additional time.

The *fourth* statement, that the remuneration was only one-half as great as before, notwithstanding the increase of work, is certainly not derived from the report, as that document states explicitly that *more was paid for salaries than in the previous year.*

Some changes were made in the distribution of this sum, according to the amount of instruction given by the different teachers.

In regard to the *fifth* point, its prophetic character of course makes a final answer impossible at present. It can only be said that up to the present time no Professor has resigned who had not announced his intention to do so before any change was thought of, and every one acquainted with the present composition of the Faculty will admit that it was never stronger than now in professional reputation, and it was never so numerous, so united, or so well satisfied with its work.

The kind of gloomy though pitying prophecy in which Dr. Stillé and the writer in the *Philadelphia Medical Times* indulge is simply one of the natural obstacles which the new system has to overcome. The Harvard Medical School has overcome much more serious obstacles already in contriving and carrying out for two years this great reform in medical education, and has the best prospects of speedy success, in spite of the competition of all the principal schools in the country, which continue to offer medical degrees on the old easier conditions. If five or six of the other leading medical schools in this country would join the Harvard School in making the changes in the system of medical instruction which Dr. Stillé and all other intelligent physicians who honor their profession admit to be desirable, there would be no question in any one's mind about the success of the reform.

Yours truly,

C. ELLIS, M.D.,

*Dean of the Medical Faculty of Harvard University.*

## PROCEEDINGS OF SOCIETIES.

### MEDICAL SOCIETY OF THE COUNTY OF ALBANY, NEW YORK.

SEMI-MONTHLY MEETING, May 14, 1873.

Reported by JAMES S. BAILEY, M.D.

Dr. HENRY MARCH in the chair.

AFTER the reading and approval of the minutes of the last meeting, the Secretary read a letter from the clerk of the Common Council, stating that by resolution of that body the members of this Society were requested to give their opinions in reference to the purity of the waters of the Hudson as a supply for the city of Albany.

By resolution, this subject was ordered for discussion at the next meeting, May 28.

Dr. JAMES S. BAILEY stated that one of the members of the Albany County Medical Society, Dr. PETER P. STAATS, had completed his fiftieth year in the practice of medicine. He would move, therefore, as customary heretofore, that a committee be appointed to make arrangements for the celebration of Dr. Staats's fiftieth anniversary.

Dr. JOHN M. BIGELOW, after seconding the resolution, moved that, as the meeting was not a full one, the resolution be postponed until the next meeting. Carried.

#### HOSPITAL HYGIENE.

Dr. ISAAC DE ZOUCHE read a paper on *hospital hygiene.* In the earliest times, before medical colleges had existence, or boards of health had a place among existing institutions, there were, nevertheless, some excellent ideas on the subject of health,—ideas that have not been much improved upon during the last two or three thousand years.

Moses, the lawgiver of the Hebrews, gave very explicit and excellent directions concerning food, cleanliness, and general sanitary regulations, many of which might be followed with advantage even now.

There was something other than mere fanaticism in the Jewish discrimination between clean and unclean beasts, and in their proscription of certain parts of even clean beasts as articles of food. Then their laws in regard to the purifying of parturient women, the cleansing of leprosy, the isolation of all infectious or offensive

cases, the removing of the dead from contact with the living, the frequent ablutions insisted on in all cases, go to prove that Moses was a sanitarian of the most enlightened and practical stamp; a worthy leader of the people in their struggle for a higher life.

The name of the subject, Hygiene, recalls other people than the Jewish. However irrationally the old Greeks and Romans lived, they furnished us with many valuable hints on life, health, and many other subjects.

Their goddess of health, Hygeia, was said to be the daughter of a physician, Æsculapius, who was the son of the god Apollo. To be sure, all this is mythological. The physician does not always spring from deity, nor is his daughter invariably a goddess of health: still, there is enough truth in the myth to warrant its acceptance even now as an article of faith. A subtle meaning underlies the thought that a goddess presides over health: that she sprang from a physician may mean that she was the legitimate offspring of the most advanced expression of sanitary science. But we must leave mythology, however attractive, and come down to facts, however dry. There is, or should be, nothing special in hospital hygiene; for the means by which health may be conserved or promoted should have, and really must have, a universal application.

The hygienic measures essential in a hospital are demanded in every private dwelling, only perhaps there is more urgent need of them in the former, where so many are congregated under one roof and all with health more or less impaired.

The site of a hospital should invariably be in the healthiest part of the city or district, so that in fighting disease the physician should not have native enemies in the camp to contend with. It is of little avail to treat intermittent fevers in a low marshy neighborhood, the home of malaria. "The site of a hospital," wrote the late Edwin M. Stanton, "should be well drained with a subsoil of gravel. The situation should be elevated, as remote as possible from marshes or other sources of malaria, and must have a convenient supply of pure water."

In an elevated situation we have the requisite condition for good natural drainage; but even then we must have the subsoil of gravel, for if it be of clay there is sure to be an injurious amount of moisture, and this subsoil moisture plays no mean part in the inception and continuance of many infectious and epidemic diseases. The high situation and natural drainage insisted on are not intended to supersede artificial drainage, but rather to divide or supplement the work of keeping the site as free from dampness as possible. Hammond urges strongly the necessity of examining into "the character of the soil and subsoil, for if the site be chosen regardless of these points, disease, either fevers, bowel-affections, rheumatism, or catarrh, will inevitably be produced."

Besides the natural drainage which is the result of an elevated situation, we have as a second important result a much freer circulation of air than is possible on a low level; and this is almost as important as the drainage. Stagnant air is as much to be feared as stagnant water.

The drains leading from the building should be so planned that their course towards the main sewer shall be as direct as possible, without unnecessary angles or tortuosities.

In their construction it would be well to remember that *stagnation* is *death*. There should always be provision for a stream of water passing through, to carry the sewage with it and prevent any accumulation of organic refuse. There should be at the same time good drain-ventilation,—the ventiduct leading to the top of the building,—that the noxious sewer-gases may not invade the house, bringing typhoid and other diseases in their train.

The best plans for hospital buildings, according to the best-informed authorities, embrace what is known as the pavilion system; that is, separate buildings, or wards totally separated from each other, merely accessible by a common corridor.

The space between any two wards should be sufficient to preclude the possibility of the spread of contagious diseases or matter through the open windows. With this form and arrangement of a hospital we secure two very important points,—a free circulation of air, and unobstructed light.

It would be all the better if these separate buildings were only one story high; but space is usually too valuable in situations suitable for a hospital to permit of so great a sanitary luxury.

When there are two or three stories, the separation of each from all the others should be as complete as possible. There should not be any openings directly from the lower wards into the upper.

The stairways should be so placed that the foul air from below cannot ascend through them to mingle with the air of the upper wards. The true principle of ventilation is to provide for all impure air being carried away out of the building from each floor.

When the windows of the lower wards are open, I would recommend that over each there should be a projecting canopy, arranged in such a way as to lead the impure air from the ward as far out from the face of the building as possible, so that no portion of it shall enter the open windows of the upper wards.

The floors should be far more solid and air-tight than contractors usually make them, and between the rafters there should be a packing sufficient to bar the passage of air from below, and at the same time to deaden the sounds of feet and other noises above.

In an address to the Southampton Medical Society, Langstaff lays much stress on the importance of having a great number of small separate rooms, instead of the few large ones which we constantly find in large hospitals; but, as we cannot hope to see any great change in the construction of existing institutions of the kind, he proposes to make the best of what we have. He, as well as other physicians whom he mentions, has found that the floors and walls of a hospital after continued use absorb matter which leads to the outbreak and spread of diseases, and that it is needful to apply to them a new absorbent material and one that can readily be cleansed. Recognizing the great value of lime as a purifier, he nevertheless believes that whitewashed walls very soon absorb the poison from the sick-bed, and require to be frequently removed.

The best method, he believes, of rendering hospital walls and ceilings non-absorbent, is to paint them on a smooth surface with several coats of paint, and finally varnish them.

The floors might be made non-absorbent by painting them with hard paraffine previously melted in an iron vessel, and ironed in with a box-iron heated from the interior with charcoal.

Under no circumstances should there be paper on the walls of a hospital ward or carpet on the floor, as they absorb and retain for an indefinite period the poisonous germs that arise from disease, and thus render the room unsafe for future occupants. Neither should patients, nurses, or house physicians wear woollen articles of clothing, as they tenaciously hold the "hospital smell," which is always at least suggestive of contagion.

In ordinary dwellings, where the inmates are as a rule healthy, the usual means of ventilation by windows and doors answer the purpose very well; but in a hospital, where medical and surgical diseases prevail, and

the air becomes laden with the foul exhalations from every variety of decaying tissue, it is of the utmost importance to take advantage of every means by which pure air may enter and the impure escape most effectively.

Now, pure air, as a rule, enters a living-room at the lowest openings, whilst the air which has become vitiated by having passed through the lungs, or contaminated by contact with the exhalations from the surface of the diseased body, ascends to the top of the room, and will escape more or less completely by the highest openings. I qualify the statement, believing it will not wholly escape unless the highest openings are at the highest point in the room, on a level with the ceiling. The lower openings should be at or near the level of the floor.

The exhaled air is largely composed of carbonic acid gas, which, at the same temperature as the pure air, is much heavier than it, volume for volume.

When first exhaled, being expanded by heat, its specific gravity is less, and it ascends, to escape measurably by such openings as there may be; but if proper provisions have not been made above for its departure at this time, it quickly condenses and sinks to the lower part of the room, where it is destined to struggle with the pure air, provided there are inlets.

Now, if there are openings at the level of the floor on all four sides of the room, there will be better opportunity for the accumulation of this poisonous gas, which would escape on the side of the room which sailors call "leeward," impelled by the pure air entering at "windward." The upper openings in the room should be somewhat larger than the lower, for obvious reasons; and I think it important that they should be at the level of the ceiling. When this is neglected, there will always be a reserve of deleterious gases found hovering about the angles, and tainting the whole upper stratum of air in the room, to the great detriment of the patients, to whom the oxygen of the pure air is even more essential than calomel or quinine.

Water-closets should invariably be placed at the boundary walls, each with a window admitting an abundance of sunlight and giving the opportunity for the ingress of pure and the egress of noxious air, and all this besides the ventilation proper to the soil-pipe. Water-closets should never be constructed in dark corners in the centre of a building; for, however thorough the system of ventilation may be, there will always be at least a strong suspicion of impurity in the air,—a suspicion that will hardly bear the test of chemical analysis.

A bath-room on each floor, to which patients should be introduced on admission, and obliged to use at least twice a week during their stay in the hospital, will prove a valuable auxiliary in the sanitary work. With good drainage, a constant supply of pure air, and a persistent regard for personal cleanliness, the doctor's work would be simplified and the proportion of good recoveries be greatly increased.

The regulation of the temperature is a matter of very great importance, and, I may add, of great difficulty too, with such heating-apparatus as we find generally in use. So long as the air we breathe is kept below 65° Fahrenheit, it acts as a stimulant to the lungs, which accordingly work with more vigor to keep up the heat of the body in the natural way. Combustion goes on more or less perfectly, and the effete products of decay are rapidly expelled from the system. But when we permit the temperature of the living-room to reach 70° or upwards, nature recognizes the wrong and protests against it. The lungs, to be sure, do not cease to act, but they seem to lose time and work more languidly; the combustion of effete material going on so slowly, much of it lingers in the system to poison the blood and deaden the fire of life.

The effect of continuous high temperature, especially when artificial, on even healthy people, is a relaxation of muscular fibre, superinducing a listlessness almost amounting to paralysis of the will.

Special care should be taken to classify patients according to their diseases and the measure of their sickness. Cases of erysipelas, hospital gangrene, some fevers, and contagious diseases, which may have found their way into the hospital or become developed there, should be isolated in the upper story of the hospital, when it consists of more than one story.

During the prevalence of erysipelas, hospital gangrene, syphilis, etc., sponges should never be used; tow or rags, which should be burned after once using, might be substituted with advantage in dressing wounds and ulcers.

In regard to the size of hospitals, there is a growing belief that the larger they are the worse it is for the patient. Amputations become more dangerous and fatal in proportion as the hospitals in which they are performed increase in size. By separation and isolation the patients recover with more certainty. The safety is in segregation, the danger in aggregation. In the Edinburgh *Monthly Journal of Medical Science* for November, 1848, Sir James Y. Simpson wrote on this subject an article in which will be found the following: "Perhaps one of the most weighty and momentous questions to which the physician, the surgeon, and the accoucheur can direct his attention is the proper reconstruction and arrangement of our hospitals. The vast importance of the subject depends upon this point, that it involves the study and rectification of influences that set utterly at defiance all the proudest advances of practical medicine."

Sir James speaks of the signal and striking progress made by surgeons during the last fifty or one hundred years, in various ways, and yet, notwithstanding all that, the proportion of fatal results of operations has been steadily increasing. "Amputation, for instance, as an operation, has, like many other operations, been mightily improved in the modes of its performance, in the modes of arresting attendant hemorrhage, in the modes of dressing the stump, etc.; but still in these hospitals [the infirmaries of Edinburgh and Glasgow] the mortality from limb-amputations has, since the last century, become increased instead of diminished. The increase is traceable, I believe, chiefly or entirely to our system of huge colossal hospital edifices, and to the hygienic evils which the system has hitherto so much involved.

"I have often stated and thought that if our present medical, surgical, and obstetrical hospitals were changed, from being crowded places with a layer of sick on each flat, into villages or cottages with one or at most two patients in each room, a great saving of human life would be effected."

To substantiate what he says, Sir James gives facts and figures which throw much light on the subject. The following are suggestive tables showing the proportionate mortality of limb-amputations in Great Britain as regulated by the size of the hospital and the degree of aggregation or isolation in which the patients are placed:

1. In hospitals containing 300 to 600 beds, 1 in 2½ die.
2. In hospitals containing 100 to 300 beds, 1 in 4 die.
3. In hospitals containing 25 to 100 beds, 1 in 5½ die.
4. In cottage hospitals containing under 25 beds, 1 in 7 die.
5. In isolated rooms in country places, 1 in 9 die.

These few figures teach a lesson of vast importance in relation to hospital hygiene; and they seem to discourse so plainly as to require no comments.

In studying the sickness and death-rates of communities and all the conditions under which we get the

statistics relating to them, we furnish ourselves with the weapons necessary to fight and conquer a thousand ills that decimate the population of our cities.

The proportion is large of those who die from preventable causes, to some of which I have referred in this paper.

This subject is well worthy of our consideration as physicians; and this fact has induced me to address you in regard to it.

### *RHEUMATIC PERITONITIS.*

Dr. JOHN M. BIGELOW said that rheumatic peritonitis is regarded by some as a hypothetical disorder, by others as extremely rare.

Niemeyer remarks, "Peritonitis very rarely occurs in persons previously healthy, and its occurrence in them is due to catching cold or to some unknown atmospheric influence. It is then called rheumatic peritonitis."

Rokitansky asserts that "spontaneous or rheumatic peritonitis exists," and attributes it "to the metastasis of anomalous exanthematous processes or of rheumatic poison which tends to exudation;" but he fails to inform us of the nature of the morbid material or of its method of generation.

Flint observes "that exposure to cold may originate peritonitis," and, excepting by reference, says nothing of the probable origin of peritonitis as due to poison in the blood.

Habershon, from an analysis of five hundred cases of peritonitis, explicitly asserts that "peritonitis is never idiopathic in its origin, but when not traumatic or due to perforation of the viscera it is dependent on either an extension of diseases from adjoining viscera or on certain blood-changes, such as occur in albuminuria, pyæmia, rheumatism, etc."

Todd also indirectly affirms this conclusion by stating that "the poison of rheumatism is akin to that of pyæmia as the originator of peritonitis." Tanner strengthens these statements by ascribing as a cause of peritonitis "the contamination of the blood by morbid poison." Rheumatism is now regarded as the product of a morbid intrinsic alteration of the blood, by which lactic acid, a morbid poison, is produced: hence Tanner may by implication support Habershon's statements.

We also assert that previous attacks of rheumatism in early life from six to ten years of age furnish a predisposing cause to the subsequent peritonitis of youth or of adult life. This may afford an explanation of the origin of an attack of peritonitis otherwise inexplicable.

Again, we sometimes, though very seldom, meet with a family among whose members the slightest cold or digestive derangement provokes pains in the joints and muscles, and a general pyrexia. In a few days these symptoms disappear suddenly, and, coincident with their cessation, tympanitis, abdominal pain, troublesome diarrhœa, "colicky" pains, and a severe illness of several days' duration, set in. Sometimes, though very rarely, sudden death occurs. In these last cases there would seem to be a hereditary predisposition to rheumatic fever, and to the election of the peritoneum as the especial object of the baneful attack. When we recollect that after the puerperal state sometimes symptoms of ordinary rheumatic fevers are manifested, such as the profuse sweat, the swollen joint, the intense fever, the lithic-acid urine,—in fine, a state called by some French writers "puerperal acute rheumatism," due to some inflammation of the uterine veins which infects the blood and begets articular, peritoneal, and other inflammations,—when we recall such instances of the action of morbid material in the blood, why should it be deemed incredible that in the course of an attack of rheumatic fever a "morbid poison" due to some vital hæmatic change induced by disease may be born in the blood, and finally select the peritoneum, a serous membrane, as its particular prey?

The rheumatic poison does frequently attack the heart, the pericardium, the pleura, serous membranes, the meninges of the brain: why, then, can it not invade the peritoneum, a serous membrane, and even more likely to recover when attacked?

#### ANATOMICAL CHARACTERISTICS.

We have only seen the autopsy of one case of so-called rheumatic peritonitis. The lesions were those of diffusive peritonitis. The exudations were, however, serofibrinous, and abundant lymph was plentifully present, and formed a thin coating over the hollow viscera and other parietal portions of the peritoneum. The peritoneal sac contained a fluid turbid with lymph. More or less abundant small abscesses were also scattered throughout the intestines, and were found to contain a sero-purulent fluid of a greenish cast. Cleared of exudation, the peritoneum was brittle, softened, and in spots deeply injected.

The adhesions between the intestines and other viscera were slight and easily separated, and very extensive, compassing the whole peritoneal cavity.

The urine was rather scanty, of a deep saffron color, specific gravity 1029, and exhibited traces of the urates, and was also slightly albuminous. Excepting a slight effusion in the chest, there was no evidence of any previous disease of the pleura or lungs.

#### CLINICAL HISTORY.

Rheumatic peritonitis is of a gradual development. A chilly feeling prolonged and general, or a severe chill, with subsequent pains in the joints or neck, a sense of general soreness, "a pounded feeling," admonishes the subject that some sickness threatens. There is slight fever, exacerbating towards evening; a dark puffy appearance under the eyes also is apparent. This condition may last for two or three days, when there will be noticed a tendency to an intermittent colicky diarrhœa, flatulence, depression of spirits; furred tongue, which in the morning may be rather dry and glossy, but towards evening becomes slightly moist, pallid, and flabby around the edges; anorexia; the chin at times becomes slightly rosy, the mouth pallid, the sleep restless; the subject complains of "a bad cold which has settled over the whole system," and of a pain in the abdomen, for which pressure, cathartics, or other remedies fail to bring relief.

The temperature at this time ranges from 102¾° Fahr. evening to 101¼° Fahr. morning; the pulse from 100 to 130 per minute.

A slightly heavy feeling in the top and back of the head is complained of; great prostration, disproportionate to the severity of the symptoms present, is noticeable.

Or, again, the sufferer will be laboring under a rather mild attack of acute articular rheumatism; or, thirdly, rheumatic fever in its most painful form may plainly exhibit itself. In all these cases the unusual prostration above mentioned enforces early attention.

This attack of apparently rheumatic fever in its mild or more aggravated form fails to yield to the usual measures, when suddenly the articular pains cease; a sense of general chilliness is now complained of, and abdominal pain and tenderness are markedly present; in a short time symptoms of diffusive peritoneal inflammation clearly show themselves. The change of the attack is abrupt; the peritoneal disease is quickly declared, and is in most cases supplemental to the sudden disappearance of general physical disturbance.

Continued pain is a very prominent symptom; it is generally diffusive; very rarely it is wanting; occasionally it is paroxysmal; coughing, sneezing, and deep

inspirations aggravate the pain; the respirations are consequently shortened in length and increased in frequency.

Pressure and sudden change of position likewise produce severe distress. The knees and thighs are generally fixed; though sometimes the dorsal or lateral decubitus is tolerated and affords great relief.

Tympanitis is always present to a considerable extent; constipation, due to paralysis of the muscular coat of the bowels by collateral œdema, is the rule; diarrhœa is a not unfrequent exception; vomiting seldom occurs. The pulse is frequent and small,—120 to 135 per minute; the temperature fluctuates between 101½° Fahr. to 103° Fahr. or even to 106° Fahr. The mind is generally quite clear; muscular rigidity is frequently present. As the abdomen becomes distended with flatus, the intestines, now literally blown up with gas, press up against the diaphragm, causing compression of the lower lobes of the lungs, excessive hyperæmia of the uncompressed portion, and dyspnœa. This disturbance of the pulmonic circulation may extend to the venous system and impart to the patient a cyanotic hue.

"The anxiety of the patient is painful," and the alternate appeals for relief and utter despair reflect his intense bodily suffering and mental anxiety. At last the mind becomes cloudy, the sufferer grows apathetic and delirious,—sometimes comatose; the pulse becomes smaller and more frequent; the body is covered with a cold sweat; asthenia supervenes, and the patient succumbs to the malady.

Should the subject linger for some time, the tympanitis decreases, but never wholly disappears; the fever exacerbates, consumes the strength and every tissue; the skin becomes dry and scaly, the muscles flabby and relaxed, the limbs swollen and œdematous, and death occurs in the third or sixth week by asthenia.

Convalescence, if established, is tardy and lingering; it is attended by more or less colicky pains, abdominal tenderness, and asthenia. Three or four months may elapse before natural vigor and strength begin to return.

Most of those attacked with peritonitis die of the disease, "not because this affection is particularly ill borne by the organism," says Niemeyer, "but because it depends on the severe blood disease;" and he further observes, "We frequently see the rheumatic peritonitis which occurs in otherwise healthy persons terminate in cure, providing the exciting causes be removed soon enough."

Flint states that in uncomplicated cases the prospect of recovery is good under judicious and early treatment. This peritonitis may destroy life in twenty-four hours or in fourteen days. The average duration, when convalescence or tardy development of the disorder does not take place, is five or six days.

The significant symptoms of rheumatic peritonitis are the sudden cessation of general articular pain and rheumatic symptoms, and the almost concurrent pain, tenderness, and tympanitis in the abdomen; besides these symptoms, undue prostration and laborious dyspnœa indicate great danger. The mode of death is by asthenia. As Flint observes, "a progressive increase of the frequency and feebleness of the pulse, progressively increasing prostration, coldness of the hands and feet, hiccough, etc.," presage an unfavorable advance in the disease.

When these symptoms improve, and the tympanitis and muscular rigidity diminish, we may entertain hopes of recovery, or, at least, of delay of the more imminent symptoms of death.

### DIAGNOSIS.

Peritonitis is readily diagnosed from all other diseases after its development, as the tenderness on pressure, tympanitis, "colicky pain," and "belly-ache," at once distinguish it from all other disorders. Rheumatic colic, lumbo-abdominal neuralgia, hysteria, mesenteric neuralgia, hyperæsthesia of the skin of the abdomen, may each simulate peritonitis; but a careful study and analysis of the symptoms, and the amenableness to treatment of the above disorders, and the stubbornness with which peritoneal difficulty yields to remedies, as well as the element of time, will generally afford an easy discriminative diagnosis.

### TREATMENT.

The treatment of rheumatic peritonitis consists mainly in rest, opium, and permanganate of potassa, with a liberal use of nourishing beef-broths, milk, and alcoholic stimulants. When there has been time to prescribe for the rheumatic disorder prior to the peritoneal invasion, permanganate of potassa in $\frac{1}{12}$ grain doses should be given every hour; the bowels should be opened by an enema, and opium given freely, so as to relieve pain, subdue inflammation, and secure rest. Gelseminum also has been recommended, and, by some, is said to be successful when given in the form of the fluid extract in three-minim doses every hour. Quinine also may be employed with a view to its tonic effects. Externally, leeches, rubefacients, turpentine, also spongio-piline and hot-water applications, are well spoken of by authors. Besides these, Niemeyer says "that cold compresses to the abdomen exert a most beneficial effect;" and he agrees fully with those who consider the application of leeches to the abdomen, the use of cold compresses, and the internal administration of opium as the most effective treatment.

Flint and Professor A. Clark each assert that our main reliance in treatment is opium, given fully and freely.

Cathartics, mercury, and blisters are alike condemned by most clinical observers and successful practitioners; although there are those who affirm that epispastics do frequently afford relief, and that mercury does arrest or check the inflammation.

When an early dyspnœa and cyanosis admonish us of the imminence of fatal symptoms, venesection as a temporary expedient may, as Niemeyer observes, be resorted to; for we know of no other remedies to fulfil this urgent indication.

To relieve vomiting, ice is best administered; to check the diarrhœa, opium is to be preferred to all other astringents: as the flux is due to œdema of the intestinal mucous membrane, opium is as beneficial as astringents. When convalescence is established, cod-liver oil and quinine should be liberally prescribed. If the exudation be great, iodide of potassium and acetate of potassa in small doses should, if borne, be ordered in connection with the various preparations of calisaya bark. Above all, fresh air, judicious exercise in the open air, nutritious diet, and quietude of body and mind, should be strictly enjoined.

Cathartics should be given with great caution, and not for at least six weeks after recovery; enemata are to be preferred.

The tendency to frequent relapses should always be borne in mind, and fatigue, exposure to cold, and inattention to diet strictly forbidden.

We shall now narrate the history of a few cases illustrative of this subject.

M. B., æt. 18, by occupation a shop-girl, was attacked by acute articular rheumatism on February 12, 1873, and presented all the symptoms of this disorder for two successive weeks, when on the morning of the 26th of February the articular pains suddenly subsided, and abdominal tenderness, tympanitis, and the symptoms of rheumatic peritonitis developed themselves in the sequence mentioned in this paper. The undue prostra-

tion was early manifested, the fluctuating temperature from 101° to 105° Fahr. plainly present. The permanganate of potassa in $\frac{1}{16}$ gr. doses, opium freely and pro rata to the disease, nourishing broths, and turpentine stupes, constituted the treatment. After an illness of seven weeks she recovered, but at the present time she has not by any means regained her wonted vigor or strength.

J. H., male, æt. 21, carpenter, was attacked, December 23, 1872, with slight symptoms of rheumatic fever; complained of a "pounded feeling" over the whole body, and of general soreness; had no articular pain excepting in the wrist. About one week afterwards he was attacked with peritonitis.

Under the treatment previously spoken of, recovery took place, so that he resumed his occupation March 18, 1873.

In addition to these, we have the notes of two other cases which have recovered under appropriate treatment, as well as the record of two cases which died, one in four days, the other in two weeks after the first symptoms of general peritoneal rheumatic disorder developed themselves.

Were it not for the full description of this malady—rheumatic peritonitis—in our preceding remarks, we should give in ample detail the clinical notes of the above cases.

(To be continued.)

## REVIEWS AND BOOK NOTICES.

A Hand-book of Medical Electricity. By Herbert Tibbits, M.D., L.R.C.P. Lond., etc. 8vo, pp. 164. Philadelphia, Lindsay & Blakiston, 1873.

Dr. Tibbits is already favorably known as the translator and editor of Duchenne's "Localized Electrization," and the work he now offers to the profession will, we have no doubt, be well received. As he has large experience, both in hospital and in private practice, he is well fitted for the task he has undertaken.

The object of this book is to give to physicians in general a practical and concise treatise on the employment of electricity as a therapeutic agent, and, avoiding all mooted questions, to collect from the best authorities whatever is important on the subject. The author expresses a desire to place the matter before his readers in such a way as to make them "as much at home with their electrical as with their other instruments." This ought to be the case. Electricity is becoming every day better known as a means of great value in the treatment of certain forms of disease; and, as batteries are now being extensively made, and at a much lower price than formerly, every physician should have this form of treatment at his disposal.

The instruments described in the first part of the book are only those which Dr. Tibbits, from personal experience, believes to be the best. With the exception of Stöhrer's apparatus, they are not much known in this country, and, judging merely from the description given here, they are not superior to our own batteries. Foveaux's portable battery for the constant current, which is recommended, besides being open to several objections, is by no means reasonable as to its cost. The price is £15 15*s*., or about $88 currency, for a sixty-cell apparatus.

The manner of applying electricity is very clearly and admirably explained, and minute directions are given for the indirect method of electrization. This latter subject would, we think, be made more valuable by the introduction of Ziemssen's diagrams, which show the points of entrance of the motor nerves into the muscles.

In some instances the directions for electrizing the various organs are not so explicit as they should be. For instance, to galvanize the bladder we are simply told to introduce one electrode into this organ and another into the rectum; but we are not told how long the current should be allowed to pass, nor how strong it can be borne. In some cases the voltaic current causes considerable urethral irritation. In regard to electrization of the uterus, the only directions given are to apply the plates of a uterine electrode so that one will be on each side of the cervix. Nothing is said of intra-uterine electrization.

The author speaks in high terms of Dr. Radcliffe's method of applying electricity. This consists in charging the patient with the positive current. The plan is said to have been successful in some instances where other means have failed.

Franklinism, which has fallen greatly into disuse, is discussed at some length. In the hands of Dr. Tibbits it has proved of value, and it is recommended to be tried where faradism has failed. It is most useful in hysterical aphonia and in the various forms of tremor.

The chapter on electro-therapeutics gives several illustrative cases, which show strikingly the benefits to be derived from this form of treatment.

Although as a whole the work is very valuable and we strongly recommend it to all who propose to use electricity, it would have been better had it gone somewhat into the elementary science of the matter. There is no description of the modus operandi of batteries; and unless a physician is acquainted with this part of the subject, he is not fully competent to make use of electricity.

The book is a reprint from the English edition, and is well gotten up. The printing, paper, and binding are as good as possible. The less said about the illustrations the better; but they are no worse than in the original copy.

Notwithstanding the apparent good size of the volume, the print is so large and the margins are so wide that there is comparatively little reading-matter. The whole book can be read through in an evening.

Had some of the larger woodcuts, which are of no use to any one, been omitted, the volume could have been made much smaller, and the price reduced one-half.

The Mechanism of the Ossicles of the Ear and Membrana Tympani. By H. Helmholtz, Professor of Physiology in the University of Berlin, Prussia. Translated from the German, with the Author's permission, by Albert H. Buck and Normand Smith, of New York. With twelve Illustrations. New York, William Wood & Co., 1873.

We hail with pride the appearance of an English rendering of this invaluable work of the great physiologist; for, as the translators say in their prefatory notice, this treatise, which first appeared in *Pflüger's Archiv für Physiologie*, Bonn, 1869, "is the only treatise in any language which enters fully into the anatomical, physiological, and mathematical aspects of the question, and will undoubtedly remain, for many years to come, the authoritative treatise on the subject."

The book contains sixty-three octavo pages, divided into eight chapters; the first four having been translated by Dr. A. H. Buck, and the remaining four by Dr. Normand Smith.

The subjects treated of under these eight heads are as follows:

1. Results due to the small dimensions of the auditory apparatus.
2. Anatomy of the membrana tympani.
3. Attachments of the malleus.
4. Attachments of the incus.

5. Movements of the stapes.
6. Concerted action of the bones of the ear.
7. Mechanism of the membrana tympani.
8. Mathematical appendix: having particular reference to the mechanism of curved membranes.

"The membrana tympani is not to be considered as an elastic, yielding membrane, but as an almost inextensible one. This peculiarity of construction of the membrana tympani is a very important element in the mechanical working of this membrane." This is the substance of the second chapter.

In the third chapter the important "axis-band" of the malleus is explained, besides the other complicated ligaments which hold this bone in its proper place.

In the fourth chapter the author describes the true nature of the malleo-incudal joint, as discovered by him.

"The shape of the last-named articular surface is usually described as resembling a saddle." The author, however, rejects this description, and says, "In order to gain a clear idea of the mechanism of this joint, it is better to make use of a different comparison than that of the surface of a saddle. It is, in fact, like the joint used in certain watch-keys, where the handle cannot be turned in one direction without carrying the steel shell with it, while in the opposite direction it meets with only slight resistance." As in the watch-key, so here the joint between the hammer and the anvil admits of a slight rotation about an axis drawn transversely through the head of the hammer towards the end of the short process of the anvil; a pair of cogs oppose the rotation of the manubrium inward, but it can be driven outward without carrying the anvil with it. This is perhaps the most important fact stated in the work.

The mathematical appendix, besides possessing its native difficulties, is vague in some parts of its translation, and on page 67 the word "*restore*" should be changed for the word *reduce*.

In the formulæ which follow, the radical sign should not be extended over *cos* $\omega$ in the equation of $r$, nor over *sin* $\omega\, d\omega$ in the equation of $dv$. This inaccuracy does not occur in the original.

The translators have, as we think, judiciously, used Saxon words in the translation of the kindred German words. Thus, "*Nabel*" is translated *navel*, "*Hammer*" *hammer*, and not "*malleus*," "*Amboss*" *anvil*, not "*incus*," "*Steigbügel*" *stirrup*, not "*stapes*;" it is hardly, therefore, fair to translate the good old word *Gehörgänge* by the spurious Latin plural *meati*. We may perhaps be excused for lamenting the use of this unknown case of the word *meatus*, which, as we all know, is a regular noun of the fourth declension. Its plural, therefore, should be *meatus*, and not *meati*, as it stands in two places in the foot-note on page 41.

We may add, however, that these are but slight defects, in comparison to the real worth of the book, and we congratulate the readers of otological literature upon the reception of this, perhaps its richest gem.

C. H. B.

FAMILY THERMOMETRY: a Manual of Thermometry for Mothers, Nurses, Hospitalers, etc., and all who have Charge of the Sick and of the Young. By EDWARD SEGUIN, M.D. Crown 8vo, pp. 72. New York, G. P. Putnam & Sons, 1873.

This is rather a quaintly written work, the general scope of which is sufficiently indicated by its title. There is much in it which is true and good, although we cannot reckon among all the mothers of our acquaintance a single one who would be likely to accept and follow it as a guide.

Dr. Seguin would have every mother furnished with two thermometers; one like the ordinary instrument for medical use, the other with its bulb flattened down for application to surfaces. In each, the zero is to be the normal temperature of the body, or 98.6° Fahrenheit, and the plan is thus shown (page 13):

"PLAN OF THE MOTHER'S THERMOMETER.

| | | |
|---|---|---|
| Degrees above o | 7 | No well-authenticated recovery. |
| (thus written): | 6 | Generally death. |
| | 5 | Often fatal. |
| | 4 | High fever. |
| | 3 | Considerable fever. |
| | 2.5 | Moderate fever. |
| | 1.5 | Slight fever. |
| | o | Standard of health, NORME. |
| Degrees below o | .5 | Sub-normal. |
| (thus written): | 1 | Depression. |
| | 2 | Collapse. |
| | 3 to 4 | Algid collapse. |
| | 4 to 5 | No known recovery, except in cholera." |

A chart for recording the temperatures, pulse, and respiration, for the period of a week, is given at page 15.

Our author goes into this whole matter (and many others) with much Gallicism and expansion, and often in a style far above the comprehension of mothers of ordinary calibre of mind. We can scarcely think his labors will have a very wide influence, although we concede the soundness of his views and the justness of his teaching.

THE PASSIONS IN THEIR RELATIONS TO HEALTH AND DISEASE. Translated from the French of Dr. X. BOURGEOIS, by HOWARD F. DAMON, A.M., M.D. Small 8vo, pp. 201. Boston, James Campbell, 1873.

A book more suggestive of evil has seldom been submitted to us for review. We do not think there was any occasion for the writing of it for French readers, or for the translating of it for the American market. It is much to be regretted that Dr. Damon has given the sanction of his name to such a work.

## GLEANINGS FROM OUR EXCHANGES.

SUDDEN DEATH FROM THE LODGMENT OF FOOD IN THE BRONCHIAL TUBES.—By Dr. Féréol (*Le Mouvement Médical*, April 26, 1873).—Dr. Parrot pointed out, five years ago, a cause of sudden death in young infants, which has not since, in France at least, attracted the attention of physicians. An infant, after being nursed, is put to bed in perfect health; on the following day it is found to be dead, or else it awakens in the night, and is taken with vomiting and dyspnœa, by which it is quickly carried off. At the autopsy, the bronchial tubes are found to be filled with coagulated milk, and the neighboring pulmonary tissue is found to be softened and to exhale an odor of butter.

Dr. Parrot has lately reported to the Biological Society (see *Le Mouvement Médical*, No. 13, p. 163) another case similar to the one reported by him in 1868.

Dr. Féréol states that he had under observation in 1869, in the Hospital for Incurables, a patient whose case, notwithstanding the difference in the age, nature of the food, etc., bore a strong resemblance to the cases reported by Dr. Parrot. The history of the case is as follows:

Antoine L. was admitted, when a young man, into the Hospital for Incurables. He is now 55 years of age; his intelligence has always been of an extremely low

degree; his appetite is extraordinarily voracious, and the patients and attendants of the hospital often amuse themselves by giving him portions of their food or wine. The unfortunate man often suffers from dreadful attacks of indigestion, brought on by his insatiable gluttony. Sweats occur during these attacks; but the patient always recovers promptly, after vomiting and by rest in bed.

On the 8th of September, 1869, however, an attack of more than usual severity made him so ill that he had to be admitted into the infirmary. The attack was one of apoplectiform indigestion, which came on after the patient had gorged himself with wine and food of various kinds. His face was cyanosed, the extremities were relaxed, the breath had a distinctly alcoholic odor, and the patient was absolutely insensible to everything employed to arouse him. An emetic failed to have any effect, and dry and wet cups and sinapisms made no impression. The patient died at four o'clock in the morning, without ever having become conscious. At the autopsy the stomach was found to be considerably dilated and to be filled with a pulpy matter of a blackish color and having a sour and somewhat alcoholic odor. Pieces of undigested cabbage and fruit were also found, and the quantity of undigested matter in the stomach amounted, without exaggeration, to about three litres. The mucous membrane of the stomach was thin, soft, of a dark violet hue, and injected in an arborescent manner.

Masses of partially digested cabbage and lentils were found in the ileum and in the large intestine, as far down as the rectum. The right lung was perfectly healthy; half of the lower lobe of the left lung was hepatized, and presented the characteristic granulations of the second stage of pneumonia; the hepatized tissue was dense, and, when placed in water, quickly sank to the bottom. On opening the left bronchus and its ramifications, the mucous membrane was found to be of a violet-red hue, contrasting strongly with the normal color of the membrane as seen in the right bronchus. Further dissection of the bronchial tubes on the left side revealed a grayish material and fragments of foreign bodies, which at first sight were recognized as pieces of cabbage. Microscopical examination dispelled all doubt as to the vegetable nature of these fragments. The heart was healthy; in the aorta there were a few atheromatous patches, and a few of the same were found in the cerebral arteries. The brain weighed 1300 grammes, and did not present any marked lesion to the naked eye; there was a slight serous effusion in the meshes of the pia mater, and the meninges were slightly injected.

Without doubt acute alcoholism may have taken a certain part in the production of symptoms so rapidly fatal, but it is no less certain that the pneumonia, which itself advanced so rapidly, had for its special cause the passage of food into the bronchial tubes. It is probable in this case that, during the efforts at vomiting, regurgitation into the larynx occurred.

The analogy that exists between this case and those reported by Dr. Parrot is evident, and helps to strengthen the observations of our colleague.

Case of Resuscitation of a New-Born Infant after nearly Four Hours' Artificial Respiration (*Medical Press and Circular*, March 26, 1873).—Dr. J. Marshall, of Limerick, gives the details of an interesting case which demonstrates the value of artificial respiration even in cases that appear to be nearly hopeless. Dr. Marshall was sent for to attend a woman in her third pregnancy. She had been "attended" up to the time of her admission into hospital by an ignorant midwife. On examination he found the right arm and funis (pulsating) in the vagina, and, having returned the funis, he "turned" and delivered the patient of an apparently lifeless male child, so much so indeed that the funis was divided, without ligature, to see if any blood would escape from the child, the placenta having been born with the head. Not a drop of red blood issued from the cord, and the child never cried; while slapping, cold-water sprinkling, and brandy application failed to elicit the welcome symptom of life. However, when placed on a table and in the light, the pulsations of the heart were faintly visible; so artificial respiration was at once resorted to,—the first method tried being that of having one to breathe into the infant's lungs, and another to expel the air from the same. The infant, having been laid on its back and rolled in a warm blanket, was so placed that the head extended over the edge of the table, and was allowed to droop a little to prevent the air passing into the stomach. The child's face was next covered with a towel, and, the little nostrils having been compressed by the left thumb and forefinger of the operator (his right supporting the head), air was regularly but forcibly breathed into the lungs, and again expelled from them by an assistant's pressing alternately with his two palms on the infant's chest; brandy being vigorously rubbed into the chest by an attendant. The treatment, *after an hour's* steady prosecution, and the heart's action scarcely detectable, was rewarded with one voluntary inspiration, but had to be immediately renewed after the gasp, which showed no signs of recurrence without the artificial respiration. Another single gasp occurred in half an hour, but the inflation, etc., had to be kept up, as the breathing-apparatus had no strength whatever. Seeing the heart beating even so weakly, the attendants could not, nor were willing, to abandon the little struggler, and each took his turn at the "breathing;" the child got a couple of hot baths. Sylvester's and Marshall Hall's treatment were both tried, till, from a combination of all these remedies, the infant was breathing regularly at the rate of fifteen per minute, after *being inflated for nearly four hours*, Dr. Marshall not leaving till five o'clock, about half an hour before which time the first drop of blood from the funis tinged the water of the hot bath, in which the child was kept during its convalescence. Out of all the methods of resuscitation employed in this case, the breathing-in and expulsion of warm air had certainly the most beneficial effect on the infant, especially when the mouth-to-mouth breathing was combined with the raising and depressing the arms.

Pyuria in Little Children (Dr. R. C. R. Jordan: quoted from *Journal für Kinderkrankheiten*, Hefte iii.–iv., 1872).—The passage of pus with the urine of little children is not an uncommon thing, according to observations made in the children's hospitals of Birmingham. However, the author has never found a single case of idiopathic cystitis, so that the occurrence of the disease at the age of early childhood appears doubtful. He is of the opinion that the occurrence of pus in the above-named cases depends upon some obstruction preventing a free passage of urine, or from the local irritation of the bladder produced by the presence of a foreign body. In each of these instances a certain amount of urine will be retained, and become ammoniacal, thus inducing and keeping up the irritation. The ordinary causes are divided by the author into two classes: 1. An internal cause, viz., stone in the bladder or kidneys. 2. External causes—as congenital phymosis, hypospadiasis, etc. Rarely some cases may come under another head, as deposit of tubercles in the kidneys. If now any of these hinderances are present, distention of the bladder is produced, and when the cause of obstruction cannot be overcome, pus is formed by the irritation caused by the decomposition of the urine. A further result is the dilatation of the ureters, and at last cystic degeneration of the kidneys, with formation of abscess, and death.

TRACHEOTOMY IN PRIMITIVE CROUP (*Journal für Kinderkrankheiten*, July and August, 1872; quoted from *Clinical Gazette* of Palermo.)—The journal alludes to the fact that this operation has never been approved of heartily in Italy, because the operation is performed too late, as a last resort after the glottis has become narrowed, and after innervation of the trachea has been impaired,—in fact, after asphyxia has commenced.

## MISCELLANY.

BOSTON DISPENSARY FOR SKIN-DISEASES.—The first annual report of this institution, recently published, contains much of interest pertaining to this subject. The report of the physician in charge, Dr. Edward Wigglesworth, a gentleman well known in connection with dermatology, shows that there were over eight hundred cases of skin-disease recorded for the year, constituting probably the largest clinic of the kind in our country. The report gives many varieties of cutaneous disease, and among the commoner affections we note, in the order of their frequency, eczema, acne, dermato-syphilis, psoriasis, and seborrhœa. There were but ten examples of scabies, while the vegetable parasitic diseases were also remarkably few in number. With the establishment and success of institutions in our large cities for the study and treatment of this class of diseases, dermatology is rapidly taking its place as one of the important specialties of medicine, and is as such obtaining the recognition which it rightly deserves. The institution just referred to, with Prof. Agassiz at its head, is a credit to our country at large.

THE following is an abstract of a table of medical societies in the United States, reported by Dr. J. M. Toner, of Washington, D.C., to the American Medical Association:

| | | | |
|---|---|---|---|
| Total number of Medical Societies | | | 405 |
| Number of National Medical Societies | | | 5 |
| Number of Medical Societies in | | | |
| Alabama | 20 | Mississippi | 3 |
| Arkansas | 7 | Missouri | 5 |
| California | 13 | Nebraska | 3 |
| Colorado Territory | 2 | New Hampshire | 2 |
| Connecticut | 11 | New Jersey | 23 |
| Delaware | 1 | New York | 90 |
| District of Columbia | 4 | North Carolina | 1 |
| Georgia | 4 | Ohio | 15 |
| Illinois | 29 | Oregon | 3 |
| Indiana | 12 | Pennsylvania | 49 |
| Iowa | 10 | Rhode Island | 2 |
| Kansas | 4 | South Carolina | 4 |
| Kentucky | 8 | Tennessee | 2 |
| Louisiana | 1 | Texas | 5 |
| Maine | 5 | Vermont | 8 |
| Maryland | 4 | Virginia | 11 |
| Massachusetts | 11 | West Virginia | 3 |
| Michigan | 14 | Wisconsin | 7 |
| Minnesota | 4 | | |
| | | Total | 405 |
| Number of societies reporting number of members | | | 360 |
| Total number of active members reported | | | 20,662 |
| Total number of honorary and corresponding members reported | | | 1,970 |
| Total membership | | | 22,632 |

THE GERMAN SURGICAL CONGRESS.—The second annual meeting of the Society of German Surgeons commenced on the 16th of April, when the members assembled in the hall of the University of Berlin, under the presidency of Herr von Langenbeck. A large number of the most eminent German surgeons were present, including, *inter alios*, Bardeleben, Baum, Billroth, Busch, Esmarch, Hueter, König, G. Simon, Textor, Volkmann, etc. Visitors from England, Russia, and Belgium, also assisted, Mr. Spencer Wells being among the number. Drs. Volkmann and Gurlt were appointed secretaries, and Dr. Trendelenburg treasurer. The scientific business was commenced with an address by Dr. Billroth, on the "Extirpation through the Neck of Large Cancers of the Tongue seated far back." This was followed by a paper by Dr. Busch, of Bonn, on "Wounds inflicted by the Chassepot Rifle at Short Distances." A large number of the members and visitors afterwards dined together.

AS indicating the growing attention the subject of hygiene is receiving, not only from the public but from the medical profession, we are glad to see that *The Practitioner* (Macmillan & Co., London and New York) is to be enlarged by the addition of a department devoted to Public Health. The forthcoming number will contain, under this head, articles on Sanitary Organization in England; the Health Aspects of Sewage Irrigation; the Propagation of Typhoid Fever by Milk; International Hygiene in Relation to Plague and Cholera.

BARON ADOLPH DE ROTHSCHILD has founded and endowed a hospital for diseases of the eye, at Geneva, at an expense of £20,000, which is wholly borne by himself. Dr. Barde, of Geneva, is appointed medical officer to the hospital.

AN ITALIAN OVATION TO VIRCHOW.—The *Racoglitore Medico* lately appealed to Italian physicians to honor Virchow with a medal for his prosecution of studies in the manner adopted by Morgagni. The appeal was promptly answered, and the medal was presented to the German consul in Rome for delivery. The medal is one of the finest preparations of the celebrated Florentine artist Gori, exhibiting upon one side a finely executed image of Virchow, and on the other the inscription "A Rudolfo Virchow, dalla patria di Morgagni i medici Italiani MDCCCLXXIII."

"BABY-FARMING" IN WASHINGTON, D.C.—It has recently been discovered by the authorities that a female physician in Washington keeps a private lying-in hospital, the children born in which are "farmed out" to colored women. Two of the children were found at a filthy tenement-house in a street bearing the name of "Hog Alley." The keeper of the "hospital" does not claim to have had a regular professional education; she says she has reported the cases of midwifery under her charge to the Board of Health, but with fictitious names.

THE St. Louis *Democrat* is responsible for the following semi-professional obituary doggerel:

"Our little Sally did to heaven go,
Baby life so fleet is;
She was a victim to the cerebro-
Spinal meningitis."

TRICKS OF A "TRICK DOCTOR."—The *Washington Star* of May 3 contained the following:

"Several weeks ago a healthy-looking colored man was seized with illness and took to his bed. A physician (a regular practitioner) found that the case was an obstinate one, and the patient gradually became worse under his hands. Some of the sick man's friends insisted that it was the duty of the wife to secure the services of a 'trick doctor' or conjurer, who could ascertain what was the matter with him, and remove the 'spell' if any had been put on him. By her consent a 'trick doctor' was brought to the house. On his arrival he said that there were two ground puppies (whatever they are) in the patient's stomach. To determine to a certainty whether there was no puppy, one puppy, or two puppies in his stomach, the conjurer procured two small china dolls, and turning down the bedclothes he set them on the sick man's stomach, with their faces towards his, and ordered quiet in the room, saying that if they both fell off there were no puppies in the sufferer, and he would have to make another 'speriment; that if one fell off and the other remained on him, there was one ground puppy in him, and if in falling they bumped their china heads together, then 'there were two ground puppies in him, sure.' The friends around the bedside kept very quiet, and watched the motions of the china dolls with great interest, as they rose and fell with the movements of the sick man's chest, and when, in a few moments, the dolls made a pitch forward, bumping their heads together, there was a heavy sigh from the bystanders, with exclamations of 'Look dar, now!'

"The trick doctor, having by this ''speriment' satisfied nearly all present that there were puppies in the man, then tried the further ''speriment' of making a bargain with the wife for pay; but in this he was unsuccessful, she declining to pawn her husband's watch for this purpose, or to sell the furniture, and the 'doctor' retired without a fee. During the following night the patient died, and the wife determined to prove that there were neither puppies nor poison about. Accordingly she requested the regular physician who had attended her husband to make a post-mortem examination, and accordingly one was made. The cause of death was found to be a tumor of the liver."

A DENTIST FINED FOR GIVING CHLOROFORM (*The Clinic;* from the *France Médicale*, April 23, 1873).—M. Debaralle, dentist at Lille, was brought up before the *audience correctionelle* for having given chloroform without the diploma of doctor in medicine or officer of health, and for having through "*imprudence, négligence, maladresse et inobservation des règlements*" committed an involuntary homicide by chloroform upon the person of a woman named Caron.

The tribune decided that the administration of chloroform without a diploma was an illegal practice of medicine, and that the defendant was guilty of homicide. As he was guilty of two offences, he was fined 15 francs for the first, and for the second 500 francs, with imprisonment for one month.

## OFFICIAL LIST

*OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM MAY 20, 1873, TO MAY 26, 1873, INCLUSIVE.*

FRYER, B. E., SURGEON.—When relieved by Assistant-Surgeon Moffatt, to comply with orders received from War Department. S. O. 42, District of New Mexico, May 15, 1873.

FRANTZ, J. H., SURGEON.—Granted leave of absence for sixty days. S. O. 27, Military Division of the South, May 20, 1873.

WEEPS, J. F., SURGEON.—Assigned to duty as Post Surgeon at Fort Randall, Dakota Territory. S. O. 103, Department of Dakota, May 17, 1873.

KNICKERBOCKER, B., ASSISTANT-SURGEON.—When relieved by Assistant-Surgeon Cronkhite, to comply with orders received from War Department. S. O. 96, Department of the South, May 17, 1873.

CRONKHITE, H. M., ASSISTANT-SURGEON.—Assigned to duty at Oglethorpe Barracks, Savannah, Georgia. S. O. 96, c. s., Department of the South.

MOFFATT, P., ASSISTANT-SURGEON.—Assigned to temporary duty at Fort Union, New Mexico. S. O. 42, c. s., District of New Mexico.

STYER, CHARLES, ASSISTANT-SURGEON.—To report in person to the Commanding General, Department of the South, for assignment to duty. S. O. 101, A. G. O., May 19, 1873.

## WEEKLY RETURN OF DEATHS AND INTERMENTS IN PHILADELPHIA FOR THE WEEK ENDING SATURDAY, MAY 24, 1873.

| DISEASES. | *Adults.* | *Minors.* | DISEASES. | *Adults.* | *Minors.* |
|---|---|---|---|---|---|
| Apoplexy | 5 | ... | Heart Clot | 1 | ... |
| Cancer of Stomach | 1 | ... | Hemorrhage | 1 | 1 |
| " Uterus | 1 | ... | " from Lungs | 1 | ... |
| Casualties | 1 | ... | Hooping-Cough | ... | 1 |
| Cerebro-Spinal Meningitis | ... | 10 | Inanition | 2 | 4 |
| Cholera Infantum | ... | 3 | Inflammation of Bladder | 2 | ... |
| Chorea | ... | 1 | " Brain | 1 | 4 |
| Cirrhosis of Liver | 1 | ... | " Bronchi | 3 | 1 |
| Colic | 1 | ... | " Heart | ... | 1 |
| Congestion of Brain | 3 | 8 | " Larynx | ... | 1 |
| " Liver | 1 | ... | " Lungs | 4 | 9 |
| " Lungs | 1 | 4 | " Peritoneum | 3 | ... |
| Consumption of Lungs | 36 | 8 | " Stomach & Bowels | 2 | 3 |
| Convulsions | ... | 7 | " Uterus | 3 | ... |
| Cramps | ... | 1 | Intemperance | 1 | ... |
| Croup | ... | 1 | Jaundice | ... | 1 |
| Cyanosis | ... | 1 | Malformation | ... | 1 |
| Debauch | 1 | ... | Mania a potu | 1 | ... |
| Debility | 7 | 10 | Marasmus | ... | 9 |
| Diphtheria | ... | 2 | Murder | ... | 1 |
| Disease of Brain | 1 | ... | Obstruction of Bowels | ... | 1 |
| " Heart | 13 | 2 | Old Age | 8 | ... |
| " Kidneys | 1 | 1 | Paralysis | 6 | ... |
| Dropsy | 4 | 2 | Pyæmia | 1 | ... |
| " of Abdomen | 1 | ... | Rheumatism | ... | 1 |
| " Brain | 1 | ... | Smallpox | 2 | ... |
| " Chest | 2 | ... | Softening of Brain | 2 | ... |
| " Lungs | ... | 1 | Sore Throat | ... | 1 |
| Dysentery | 1 | ... | Still-Born | ... | 19 |
| Epilepsy | 1 | ... | Teething | ... | 2 |
| Erysipelas | 1 | 3 | Tetanus | .. | 2 |
| Fever, Hectic | ... | 1 | Tumors | 1 | 1 |
| " Nervous | 1 | ... | Ulceration of Bowels | 1 | ... |
| " Scarlet | ... | 5 | Unknown | ... | 2 |
| " Typhoid | 6 | 1 | | | |
| Fracture of the Skull | 1 | ... | | | |
| Gangrene | 1 | ... | | | |
| TOTALS | | | | 140 | 138 |

## METEOROLOGICAL OBSERVATIONS TAKEN AT THE SIGNAL OFFICE, PHILADELPHIA, DURING THE WEEK ENDING SATURDAY, MAY 24, 1873.

| *Month and Day.* | *Barometer. Daily Mean* | *Thermom. Daily Mean* | *State of Weather.* | *Rain. In.* |
|---|---|---|---|---|
| MAY. | | | | |
| Sunday ....18th | 30.06 | 60 | Fair. | ..... |
| Monday ....19th | 30.06 | 58 | Fair. | ..... |
| Tuesday ....20th | 30.26 | 61 | Cloudy, Threaten'g | ..... |
| Wednesday ....21st | 30.25 | 52 | Threat'g, Lt. Rain. | .88 |
| Thursday ....22d | 30.09 | 61 | Light Rain. | .35 |
| Friday ....23d | 29.95 | 67 | Fair, Clear. | ..... |
| Saturday ....24th | 29.75 | 73 | Cloudy, Fair. | ..... |
| Means | 30.06 | 61 | | 1.23 |

The surface of the cistern of Barometer is located 71.92 feet above the mean level of the sea.

Barometer corrected for temperature, elevation above sea, and instrumental error.